

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

097807771

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL	7	↓		↓		↓
TOTAL	43	↓		↓		↓
TOTAL	52	↓		↓		↓

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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